

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street, Room 203, Honolulu, Hawaii 96813
(808) 586-2722

Check one:
☐ new
☐ renewal

OFFICE USE ONLY
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STATEMENT OF PROFESSIONAL FUND-RAISING COUNSEL
FOR A CHARITABLE ORGANIZATION

1. Name of professional fund-raising counsel: _____
2. Address: _____

3. Telephone number: (____) _____
4. Name under which business is conducted: _____
5. Names, residence and business addresses, social security numbers of all officers, partners, agents, servants, employees, directors and independent contractors:

Name and
Soc. Sec. #

Title

Residence
Address

Business
Address

6. Length of time engaged in business as a professional fund-raising counsel: _____

_____ } ss.

_____ being duly sworn, deposes and
(officer name)
says that (he) (she) is the _____ of _____
(title) (organization name)
the professional fund-raising counsel named in the foregoing statement, and that the information provided in the statement is true
and correct to the best of (his) (her) knowledge and belief.

Signature

Subscribed and sworn to before me this
_____ day of _____, 20____

Notary Public, State of _____
My commission expires: _____

INSTRUCTIONS

- Type or print legibly in black ink. All signatures shall be in black ink.
- Be sure all information requested is complete and that you have filled in all the blanks. If there is not enough space, attachments will be accepted.
- The nonrefundable filing fee of \$50 is payable to the Department of Commerce and Consumer Affairs.
- There is a \$15 charge for all dishonored checks.

Note: The BOND FOR PROFESSIONAL FUND-RAISING COUNSEL OR PROFESSIONAL SOLICITOR OF A CHARITABLE ORGANIZATION shall be submitted with the statement.